

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 8/4/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Renters</u>	<u>\$5,604,702</u>	<u>0%</u>
<u>Line of Insurance</u>		

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DEPARTMENT OF INSURANCE
SPRINGFIELD

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): This filing details the implementation of
the Renters Redesign Product into the
current Allstate Indemnity Company (AI)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Allstate Indemnity Company

Name of Company

Andi M. Colosi - State Filings Project Manager

Official - Title

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective July 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Farm/Ranch</u>	\$ 1,952,724	-5.9%

Does filing only apply to certain territory (territories) or certain classes? No
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify organization): Rate and Rule Revision - introducing Farm Operation factors
rating program; included is an updated Order of Rating for the program.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.

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JUN 09 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

James P. Meyer

Official - Title

James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 9/15/09

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Business Protector</u>	<u>\$8,113</u>	<u>-12.9%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
Equipment Breakdown revision.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Ansur America Insurance Company
Name of CompanySarah Jones
R&D Analyst II
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Rental Dwelling</u>	243,723	10%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Statewide change

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Increasing Base Rate +10%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The Cincinnati Insurance Company
Name of Company

Matt Terrell - Personal Lines Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Dwelling Liability</u>	1,722,502	5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Statewide change

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Increasing Base Rate +5%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company

Name of Company

Matt Terrell - Personal Lines Analyst

Official - Title

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JUN 05 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 9/15/09

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Business Protector</u>	<u>\$1,543,704</u>	<u>-8.8%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
Equipment Breakdown revision.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Frankenmuth Mutual Insurance Com
Name of CompanySarah Jones
R&D Analyst II
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision
effective July 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Lawyers Professional</u>	933,504	18.1%
	Life of Insurance		

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Territory 1 - Cook County
Territory 2 - All OTHER

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Revision of Company's approved LPL rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.Medmarc Casualty Insurance CompanyName of CompanyRegulatory Compliance SpecialistOfficial - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 7/01/2009

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Businessowners	37,747	- 0.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting ISO reference filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

National Fire and Indemnity Exchange

Name of Company

Gloria Ransom - Filing Coordinator

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 09/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farmowners	\$172,213	-10%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Rate filing for Farmowners Program. Program includes both ISO and independent rates.

This filing reduces the LCM applied to the ISO loss costs and introduces 4 new forms.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

StarNet Insurance Company

Name of Company

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective August 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Other Liability	\$132,948	-14%
	Life of Insurance		

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify:

Territory factor changes are part of this filing with Cook County territory factor decreasing
by 10% and the rest of the state factor increasing by 2.5%.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Revision to our Small Firms Program. We are revising the
territory factor, base rate structure experience modification factor, and deductible factors.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

XL Specialty Insurance Company

Name of Company

Boyd Adams, Assistant Vice President

Official - Title